

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
<b>FEES DETERMINATION</b>	<i>SAC</i>	<i>69861</i>	<i>4/21/00</i>
<b>O.I.P.E. CLASSIFIER</b>	<i>EIN</i>		
<b>FORMALITY REVIEW</b>	<i>Y.M.</i>	<i>71620</i>	<i>8-11-00</i>
<b>RESPONSE FORMALITY REVIEW</b>			

INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 — (Through numeral).... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Date
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